



New Mexico State Library
Library for the Blind & Physically
Handicapped
(A Division of the Department of Cultural Affairs)

1209 Camino Carlos Rey,
Santa Fe, New Mexico 87507-5166
Phone: 1-800-456-5515 or
1-505-476-9770
Fax: 1-505-476-9776
e-mail: sl.lbph@state.nm.us

Application for Library Services (Institution)

Please type or print using black or blue ink. Mail completed original application to address on the back. Incomplete applications will not be processed until all information is received.

Name of Institution _____

Street Address _____

City _____ County _____ State __NM__ Zip _____

Telephone _____

E-mail _____

Eligible applicants

Nursing homes, hospitals and rehab facilities, schools for the blind, public and private schools, and college/university disability centers may borrow equipment and reading materials for use by eligible patrons in either a group setting or for individual use within the institution. Eligible patrons include:

- 1)** blind persons whose visual acuity is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees;
- 2)** persons with visual impairment that prevents them from reading standard printed materials without special aids or device other than glasses;
- 3)** persons with a physical disability, such as paralysis, that prevents them from using standard printed materials; and
- 4)** persons with a reading disability resulting from organic dysfunction of sufficient severity to prevent them from reading regular printed material.

Eligible patrons must be residents of the United States, including the several states, territories, insular possessions, and the District of Columbia; or American citizens domiciled abroad.

In most cases, we recommend that the institution encourage qualified individuals to submit an application for individual library service; thus permitting the individual to take their equipment and books with them if they leave the institution. We encourage institutions to assist patrons who have an individual library account, and the institution itself is not be held responsible for any lost/damaged equipment that is loaned out to a registered individual.

Equipment, books, magazines, and accessories

Each institutional account can have a **maximum of 2 digital talking book players on loan**, and may borrow up to **10 titles at a time for a period of 45 days**. The equipment is supplied on extended loan, provided that it is being used by eligible patrons within the institution. In the event that the equipment is no longer being used, it must be returned, as it is property of the Federal government and will be reallocated to another person/institution.

Please check if your institution needs any of the following accessories or services:

_____ Headphones (no more than 4 sets)

_____ Pillow speakers (solely for readers who are confined to bed)

_____ Magazines in audio form (these are loaned for 15 days only)

_____ Braille books/magazines

Once registered, you will receive catalogs from which to order books. Please indicate the format in which you would like to receive these catalogs:

_____ Large print

_____ Audio on digital cartridge (these are loaned for 15 days only)

_____ Braille

Please indicate the types of books you would like to receive and we will send out a mixture of your selections:

_____ Bestsellers

_____ Suspense

_____ Biography

_____ Mystery

_____ War Stories

_____ Politics/Govt.

_____ History

_____ Classics

_____ Inspirational

_____ New Mexico interest

_____ Humor

_____ Westerns

_____ Romance

_____ Science

_____ Religion

Please indicate how many potential users within your institution will be using the digital talking book players and the books: _____

To be completed by certifying authority

I hereby certify that the institution named serves patrons who are unable to read or use regular printed materials because of blindness, visual disabilities, or physical limitations. I further certify that reading materials and equipment borrowed will only be used by such persons.

Please print or type

Name of administrator _____

Street address _____ Telephone _____

City _____ State _____ ZIP _____

Signature of administrator _____

Staff member who will be responsible for this service and will be contacted by the library :

Name _____ Title _____

Phone _____ E-mail _____

Please provide us with an alternate contact in the event that the above individual leaves your institution or cannot be reached:

Name _____ Title _____

Phone _____ E-mail _____